## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

44331 7590 11/29/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
				Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
						(Signature)
			<u></u>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/762,075 TITLE OF INVENTION	01/21/2004 J: SEMICONDUCTOR I	PACKAGE SUITABLE I	Joon-seo Son FOR HIGH VOLTAGE AP		.000371/FS18851US	4595
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/28/2007
EXAN	(INER	ART UNIT	CLASS-SUBCLASS			
GEBREMARIAM, SAMUEL A		2811	257-696000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE DATE: It (west as these)			
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	THE PATENT (print or type data will appear on the pa T a substitute for filing and (B) RESIDENCE: (CITY Bucheon City	etent. If an assignee is ideassignment.  and STATE OR COUNT		cument has been filed for
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	Individual XXCorporati	on or other private grou	ip entity Government
			4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Kathe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503010 (enclose an extra copy of this form).			
	tus (from status indicate					
NOTE: The Issue Fee an	os SMALL ENTITY statu ad Publication Fee (if requeecords of the United Sta		b. Applicant is no long d from anyone other than the Office.			
Authorized Signature Alfle &			Date 2/210/07			
	Alpa V. Pate		A Security of Security of American Control of Security Control of	Registration No.		PONENTY THE PROPERTY OF THE PR
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